FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed

Reset Form

electronically.
Effective May 1, 2010, all statements and reports for State PACs and State
Parties must be filed electronically.

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2011 JAN 19 PH 3: 41

| COMMITTEE NAME (Must be same as on Statement of Organ | ization) | | \perp | Maha | SKA |
|--|---|------------------------|---------|-----------------------------------|------------------------------|
| Friends of Lori Smith | | | | ORM | |
| IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) (4) County Central Committee (5) County Candidate (6) City Candidate Subdivision Candidate (8) County PAC (9) City PAC (10) School Botton Local Ballot Issue | State PAC (3) State Party | al C (| (Re | OR-2 vv. 12/2009) | DISCLOSURE REPORT |
| CANDIDATE COMMITTEES ONLY: Candidate Name Lori Smith | Political Party (if applicable) | | Sca | nm. # ged In nned S() | |
| Office Sought Oskaloosa City Council - at large | District (if Senate or House) | | | | |
| Late reports are subject to possible civil and criminal penalties. Pursi candidate's committee, and the chairperson, for any other type of control of the co | uant to lowa Code sections 68B.32/ mmittee, is the individual responsibl | (7) and e for filin | 68A. | 401(3), the can ely and accura | didate, for a te reports. |
| J. Todd Roach Digitally signed by J. Todd Roach DN: cre-J. Todd Roach, email-stodd@mtja.net, o=Malaska Title Johnson Abstract, c=US Date: 2011.01.19 14:23:57 -06'00' | 641-673-5666 | | 01-1 | 19-2011 | |
| SIGNATURE OF PERSON FILING REPORT | TELEPHONE | | | DATE SI | GNED |
| I AM FILING A January 19, 2011 | REPORT FOR (1) ELECTION | /(2)NO | N-EL | ECTION YEA | \R. |
| (report date) | Indicate by | | | | |
| CHECK IF AMENDMENT TO REPORT DATED | | Local C | ommi | ttees, enter Dat | e of Election |
| ☐ Check if this is final (termination) report and attach Notice of I (You must continue to file reports until a DR-3 is filed.) | Dissolution Form DR-3, | | | cal Committees, n is held | enter County in |
| STATEMENT OF CASH ON HAND | - | | | | |
| CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the call of the last reporting period or must be zero if this is first | sh on hand at the end | | \$ | 108.46 | |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | | | | | |
| Schedule A: Cash Contributions total (Attach Schedule | A) (*also see in-kind below) | | | | |
| Schedule F: Loans Received total (Attach Schedule F) | | | | | |
| Schedule H: Total Sales of Campaign Property (Attach | Schedule H) | | | | |
| (Schedule H applies to Candidates' Commi | ttees Only) | | | | |
| | SUB-TOTAL | | \$ | 108.46 | |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD | | | | | |
| Schedule B: Expenditures total (Attach Schedule B) (* | *also see debts and loans below) | | | | |
| Schedule F: Loan Repayments total (Attach Schedule | F) | | | | |
| CASH ON HAND at the end of this reporting period (if final report | t balance must be zero) | | \$ | 108.46 | |
| **UNPAID BILLS (From Schedule D - Attach Schedule D) | ••••••••••••••••••••••••••••••••••••••• | | \$ | | · |
| *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedu | le E) | | \$ | | |
| **OUTSTANDING LOANS (From Schedule F - Attach Schedule | F) | | \$ | 728.40 | |
| CONSULTANT BREAKDOWN (Schedule G Attached?) | | | | YES <u>√</u> | NO |
| CANDIDATE COMMITTEES ONLY: | | | | | |
| VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach | Schedule H) | | \$ | 0.00 | |

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

| R INSTRUCTIO | 0F (44 | | | | RESET | SCHEDULE F | |
|---|-------------------------------------|--|---|-----------------------------|--|----------------------|-----------------------------|
| iends of Lori | ME (Must be same Smith | as on Statement o | of Organization) | | | (Rev. 02/08) | LOANS RECEIVE & REPAI |
| | | | nmittee which is depos | ited in the committee | account. | CHECK AMENDIN | THIS BOX |
| RTI - MONETA (Original | ARY LOANS REC | EIVED <u>THIS</u> REP ch as a bank, mus | ORTING PERIOD st be shown if a third pa | arty is involved. Incl | ide loans from cand | didate's personal f | unds.) |
| DATE RECEIVED (MM/DD/YR) | | | RESS OF LENDER Name, If Applicable) | | ELATIONSHIP TO IDATE (If Applicabl | AMOUNT (| OF LOAN |
| | N/A | | | | | \$ 0.00 | |
| | | | | | | | |
| | | | | | | | |
| | l | | | | | | |
| | | | | | | 0.00 | |
| ART II - MONE (Loans I | TARY LOAN REP forgiven must be r | AYMENTS MADE eported on Sched | E <u>THIS</u> REPORTING P ule E – In-kind Contrib | ERIOD | (PART I) | \$ 0.00 | |
| RT II - MONE (Loans : DATE PAID (MM/DD/YR) | forgiven must be r | eported on Sched | E <u>THIS</u> REPORTING P ule E – In-kind Contrib ESS OF LENDER Name, If Applicable) | ERIOD utions.) | (PART I) LATIONSHIP TO DATE* (If Applicab | AMOUNT F | REPAID |
| (Loans | forgiven must be r | eported on Sched | ule E - In-kind Contrib | ERIOD utions.) | LATIONSHIP TO | AMOUNT F | REPAID |
| (Loans | forgiven must be r | eported on Sched | ule E - In-kind Contrib | ERIOD utions.) | LATIONSHIP TO | AMOUNT F | REPAID |
| (Loans | forgiven must be r | eported on Sched | ule E - In-kind Contrib | ERIOD utions.) | LATIONSHIP TO | AMOUNT F | REPAID |
| (Loans | forgiven must be r | eported on Sched | ule E - In-kind Contrib | ERIOD utions.) | LATIONSHIP TO | AMOUNT F | REPAID |
| (Loans | forgiven must be r | eported on Sched | ule E - In-kind Contrib | ERIOD utions.) RE CAND | LATIONSHIP TO DATE* (If Applicab | * 0.00 | REPAID |
| (Loans | forgiven must be r | eported on Sched | ule E - In-kind Contrib | CASH REPAYMEN TOTAL LOANS F | LATIONSHIP TO DATE* (If Applicab) TS (PART II) ORGIVEN | AMOUNT F | REPAID |